Construction Contractor's Capability Statement

The undersigned certifies that the information provided herein is true and sufficiently complete so as not to be misleading.

COMPANY NAME	Sideways. Inc.			
ADDRESS				
PO BOX 3230				
CITY				
Pojoaque				
STATE				
NM				
ZIP CODE 87506				
PHONE 505-753-3300	FA. 50	X 95-753-3300		
EMAIL: Sideways@computera	ationx.com			
PRIMARY CONTACT Kathryn A. Bowling	:			
☐ X GeneralI	TION WORK (Check al .ist Primary Expertise: <u>C</u> m vinyl window replacer	Complete Exteriors - Specials	ties (siding, steel roofing, stucco,	
x□ Site Work □ Structural	☐ Demolition ☐ Steel Fencing	□Exterior Utilities x□ Masonry □ Poilding	x□ Paint □ Mechanical (HVAC/Plumbing) □ Floatrical	
□Carpet □Mechanical	x□ Roofing □ Clean Room	☐ Building☐ Fire Protection	☐ Electrical ☐ Nuclear Facility	
12 years	our organization been in a	a business as a construction c	contractor? der its present business name?	
	nes has your organization ovement (1990 – 1995)			
	,	,	idh Come advantional torining and	
List the names and titles qualifications.	s of the key individuals o	or your organization, years wi	ith firm, educational training and	
Kathryn A. Bowling -		ntractor – Business Manager	- 12 years – 60%	
24 years prior experie	nce		12	
Fred T. Bowling – Vi	ce President – 20% - 10 y	years – 14 years Kaiser Eng.	– 13 yrs. Brown &	

Root – Job Supervisor and Building Inspector

Terry Taylor – Job Supervisor – 10% - 10 years – 11 years prior experience – metal fab, siding								
Joe Sanchez – Sub Contractor – Stucco – Masonry – Painting – 10 years – windows, roofs, framing, concrete								
List the categories of work that your organization normally performs with its company personal.								
Vinyl & Steel siding & overhangs, steel roofing, vinyl custom-made replacement windows,								
Doors, stucco, textured coating.								
List the major projects your organization has in progress or has completed in the past five years, owner, contact								
amount, date/expected completion, percentage performed with its company personal								
David Watkins (2002-complete) 505-667-0884								
Tom Davis & Brook (Complete – 505-665-2718) (1999 complete)								
Loma Vista Condo Assoc. (Start 10/1/02 – complete 11/1/02 prox) Roy Greiner- Pres – 662-								
5883								
John Lilley (Start 8/02-complete – 9/16/02)								
List your Trade References Forest Siding Supply Amerillo TV 1 800 678 7576 Stove								
Forest Siding Supply – Amarillo, TX – 1-800-678-7576 - Steve Los Alamos Home Improvement – (Randy) – 505-662-5371								
Texcote of America (Los Angeles) – 323-233-3111								
Hacienda Home Center (505-753-6490) Espanola								
The series (coe fee class) Espanola								
List your Surety company or your banking affiliates.								
Los Alamos National Bank (Bill Enloe & Steve Wells)								
What is a second and is also also also also and of								
What is your organization's current bonding rate? Singlex Aggregate								
Singitx								
Has your firm entered into a contract that had to be completed by your surety within the past five years?								
Yes \square No $\square x$								
List your Contractor's New Mexico license classification(s):								
General Builder 98 – Lic# 56314 - \$1,000,000 per job								
Safety History:								
Sality History.								
List your firm's: Workmen's compensation Experience Modification Rate (EMR), Total recordable								
Injury/Illness case rate, and Lost workday case rate for the current period (calendar year to-date) and the								
previous three year period.								
1.0								
1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0								
1.01.01.0								
Rate Type: Interstate, In-Statex, Monopolistic								
··								
Insurance Carrier:								
Builders Trust of New Mexico								

What is your firm's North American Industrial Classification System (NAICS) code? 5022, 5474, 5480, 5538, 5610, 8742, 5551, 8810

Check all that apply to your organization. Provide certification if 8(a) Certified or Small Disadvantaged.									
x□ Woman owned	x□ Small Business	☐ Small Disady	antaged	□ 8(a)□ Large	x 🗖 Veteran				
☐ Disabled Veteran	☐ HUBZone								
Present number of employees									
x□ 1-20 □ 21-40	41-60	□ 61 − 100	☐ Over	100					